

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6	1					
7	1					
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16	1					
17		1				
18		1				
19		1				
20		1				
21	1					
22		1				
23		1				
24		1				
25		1				
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27		1				
28	1					
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	30					
TOTAL CLAIMS	37					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						